

**PROGRAM ADDITIONS OTHER THAN PROVIDER REIMBURSEMENT RATE CHANGES:
1985 - PRESENT**

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Fiscal Year	Program Addition	Brief Description	Initial GF Cost		Notes
			Federal Mandate	State Policy	
1985	Coverage of Pregnant Women and Poor Children	<p>The Federal Deficit Reduction Act of 1984 provided entitlement for medical assistance to three new recipient groups:</p> <p>(1) Pregnant women who otherwise would be eligible if the child had been born and was living with the mother,</p> <p>(2) pregnant women in two-parent families where the principal wage earner is unemployed, and</p> <p>(3) children under the age of five who were born after 9-30-83, and whose income and resources met ADC requirements.</p> <p>In each case, coverage was extended to the medically and categorically needy. It was anticipated that the expanded coverage would help reduce the incidence of premature births, thereby resulting in some long-term cost savings to the state.</p> <p>FY 1985: \$ 1,372,650 GF, \$ 1,785,045 NGF FY 1986: \$ 2,183,300 GF, \$ 2,561,715 NGF</p>	2,183,300		1
1985	Increase Medicaid Resource Levels	<p>The Federal Deficit Reduction Act of 1984 mandated that Medicaid resource limits be increased by \$100 on each January through CY 1989, beginning on 1-1-85. Prior to 1-1-85 an individual could have \$1,500 in total assets and still be eligible for assistance. The change in the resource levels increased the number of medically needy recipients.</p> <p>FY 1985: \$ 263,230 GF, \$ 342,315 NGF FY 1986: \$ 1,037,070 GF, \$ 1,216,815 NGF</p>	1,037,070		1
1986	Prenatal Care for Mothers	<p>Prenatal care was added for mothers in intact families where the husband is employed. It was estimated at the time that 6,700 pregnant women a year would be served under Medicaid if the coverage was allowed. Long-term cost savings were anticipated as a result of the expanded coverage.</p> <p>FY 1986: \$ 1,889,420 GF, \$ 2,142,630 NGF</p>		1,889,420	1
1986	Provision of Neonatal Care	<p>In accordance with the Virginia State Medicaid Plan exception to the median operating costs limits is provided for those instances where extensive neonatal care is provided.</p> <p>FY 1986: Language Only</p>			1
1987	ADC Payment Standard	<p>The 1985 General assembly approved an 8 percent increase in the payment standard for the Aid to Dependent Children Program. As a result, 1,486 categorically needy and 3,274 medically became Medicaid eligible.</p> <p>FY 1987: \$ 945,642 GF, \$ 1,072,372 NGF FY 1988: \$ 945,642 GF, \$ 1,072,372 NGF</p>		945,642	2

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Fiscal Year	Program Addition	Brief Description	Initial GF Cost		Notes
			Federal Mandate	State Policy	
1987	Change to Supplemental Security Income (SSI) Resource Standard	The Federal Deficit Reduction Act of 1984 increased the Supplemental Security Income resource standard, thereby adding recipients to the Medicaid rolls. FY 1987: \$ 2,078,207 GF, \$ 2,356,719 NGF FY 1988: \$ 2,078,207 GF, \$ 2,356,719 NGF	2,078,207		2
1987	Elimination of the 21-Day Payment Cap on Hospital Stays for Children	This policy change allowed payments to hospitals to continue beyond the current 21-day cap for children who are patients in hospitals. FY 1987: \$ 3,535,157 GF, \$ 4,009,246 NGF FY 1988: \$ 3,535,157 GF, \$ 4,009,246 NGF		3,535,157	2
1987	Poor Children Up to Age 5	The Federal Deficit Reduction Act of 1984 required coverage of all poor children up to age 5 after 9-30-83. Funding provided to cover the cost of services to 10,320 children during the biennium. FY 1987: \$ 1,315,234 GF, \$ 1,491,495 NGF FY 1988: \$ 1,315,234 GF, \$ 1,491,495 NGF	1,315,234		2
1988	Rehabilitative Care	Coverage was provided for intensive rehabilitative care for those Medicaid recipients who have had serious accidents or burns resulting in major trauma or those who have serious neurological disorders such as multiple sclerosis, muscular dystrophy and strokes. FY 1988: \$ 1,416,541 GF, \$ 1,559,961 NGF		1,416,541	3
1989	Change to Supplemental Security Income (SSI) Resource Standard	Pursuant to the Federal Deficit Reduction Act of 1984, the Federal Government commenced the phase-in of an increase to the SSI resource standards by \$100 per year until the standard reaches \$2,000 in January 1989. This rise in the SSI resource standard increased the number of individuals eligible for Medicaid. FY 1989: \$ 696,645 GF, \$ 416,714 NGF FY 1990: \$ 866,381 GF, \$ 890,472 NGF	866,381		4
1989	Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) General Funds Transfer	A transfer of \$75,147,583 (GF) from DMHMRSAS was included in DMAS's base budget for each year of the biennium for the first time to match the NGF contained in DMAS's base appropriation. In all previous years, DMHMRSAS would transfer (from its appropriation) the General Fund match to DMAS for the expected reimbursement to the various institutions in the Mental Health and Mental Retardation system. FY 1989: \$75,656,389 GF, \$79,472,562 NGF FY 1990: \$76,509,417 GF, \$78,619,534 NGF		76,509,417	4/5
1989	Amnesty Alien Coverage	The Immigration Reform and Control act of 1986 (P.L. 99-603 [Section 201]) requires Medicaid coverage of certain amnesty aliens as of 7-1-88. FY 1989: \$ 548,622 GF, \$ 568,766 NGF FY 1990: \$ 595,550 GF, \$ 621,480 NGF	595,550		5

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Fiscal Year	Program Addition	Brief Description	Initial GF Cost		Notes
			Federal Mandate	State Policy	
1989	Pregnant Women and Children (Up to Age 1)	This policy change provided additional funding to cover higher care rates for case coordination for infants and reimburse mileage to care coordinators who make home visits. Rates were increased from \$10.00 for infants to \$40.00 which is consistent with the monthly care rate paid for case management services rendered to pregnant women. FY 1989: \$ 925,535 GF, \$ 1,360,845 NGF FY 1990: \$ 743,070 GF, \$ 794,120 NGF		743,070	7
1989	Pregnant Women and Children (Up to Age 2)	This legislative amendment provided funds to support Medicaid coverage for children from age 1 to age 2 whose family income is at or below 100% of federal poverty guidelines. FY 1990: \$ 200,000 GF, \$ 200,000 NGF		200,000	7
1989	Home Care for Technology Dependent Children	The agency will seek a waiver from the Federal Government to provide home care for inpatient-hospital machine-dependent children at a potential reduced cost. No increased funding for medical services provided. Additional funding was provided for increased administrative costs, including three additional MEL.			5
1989	Local Subsidized Adoptions	H.B. 865 added funds to continue coverage for state/local foster care children when they are placed in subsidized adoption programs. FY 1989: \$ 184,833 GF, \$ 194,156 NGF FY 1990: \$ 245,000 GF, \$ 248,752 NGF		245,000	6
1989	Catastrophic Health Care	The Catastrophic Health Care legislation went into effect 7-1-88. While the law is basically directed toward the Medicare program, there are several major provisions that impacted the Medicaid program. This amendment provided funds to cover the increased costs resulting from mandatory coverage of a new group of Medicaid eligibles and a less restrictive provision concerning spousal protection and transfer of assets. FY 1989: \$ 1,891,000 GF, \$ 5,304,000 NGF FY 1990: \$13,156,000 GF, \$19,056,000 NGF	13,156,000		7
1989	Prosthetic Devices	This policy change provided funding to support expanded Medicaid services that cover the cost of providing prosthetic devices (basically artificial arms and legs) to Medicaid recipients. FY 1989: \$ 82,865 GF, \$ 86,945 NGF FY 1990: \$ 89,665 GF, \$ 90,675 NGF		89,665	7
1990	Spousal Impovishment	H.B. 605 increased the income limits for medically needy spouses at home. Previously there were 3 income levels, ranging from \$217.67 to \$325/month. All three limits were raised to \$354/month. FY 1990: \$ 450,000 GF, \$ 457,000 NGF		450,000	6

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Fiscal Year	Program Addition	Brief Description	Initial GF Cost		Notes
			Federal Mandate	State Policy	
1990	Expanded EPSDT Dental Coverage	Federal Medicaid regulations extended the number of dental procedures for children who must be covered under the early periodic screening program. FY 1990: \$ 599,360 GF, \$ 608,350 NGF	599,360		7
1990	Welfare Reform Act of 1988	Certain provisions of the Federal Welfare Reform Act of 1988 impact Medicaid in FY 1990. These are the provisions that: (1) extend Medicaid coverage for 12 months for those families leaving ADC due to increased earnings; and (2) add new ADC families because of the amount disregarded for child care costs in determining ADC eligibility. FY 1990: \$ 820,920 GF, \$ 830,175 NGF	820,920		7
1991	Catastrophic Health Care Act	This provided for the effects of the Catastrophic Health Care Act (CHCA) on Medicaid for 1990-1992. The 1989 Congress repealed only those portions of the CHCA that expanded Medicare. The Medicare provisions had been expected to generate savings for Medicaid. Congress did not repeal provisions relating to Medicaid. The Medicaid provisions include requirements to extend Medicaid coverage to 17,600 new eligibles and to pay their regular Medicare premiums and deductibles. Other provisions implemented more liberal transfer of assets and protection rules for spouses of NH residents. FY 1991: \$ 9,988,000 GF, \$10,039,000 NGF FY 1992: \$19,274,000 GF, \$19,376,000 NGF	19,274,000		8
1991	Nursing Home Reporting Requirements, Cost Review Council	Funds were provided for increased reimbursements to nursing homes to cover the costs associated with the requirement for filing annual reports and to pay filing fees to the Cost Review Council. FY 1991: \$ 125,000 GF, \$ 125,000 NGF FY 1992: \$ 115,000 GF, \$ 115,000 NGF		115,000	8
1991	OBRA '87 Requirements for Nursing Homes	Funds were provided to meet the OBRA '87 requirements relating to: increase training, testing and certification requirements for nurse aides; additional requirements for registered nurse instructors of nurse aides; and annual assessments of active treatment for all mentally retarded patients. Funding for reimbursement to the Department of Health Professions for costs relating to nurse aide certification and licensing is also provided. FY 1991: \$ 1,828,650 GF, \$ 1,828,650 NGF FY 1992: \$ 1,837,705 GF, \$ 1,837,705 NGF	1,837,705		8
1991	Infant Mortality and Poor Children, OBRA '89	Additional funding was provided to meet the OBRA '89 requirements that mandate coverage of pregnant women and children up through age six effective 4-1-90. In addition, OBRA '89 required coverage of certain specified blood tests for children. The costs shown below are DMAS's original estimates (which were included in the Governor's Budget) offset by a legislative amendment that reduced that estimate. DMAS provided information to the Secretary's Office showing that the legislative amendment had the effect of under-funding these services. FY 1991: \$20,158,478 GF, \$20,202,478 NGF FY 1992: \$30,286,702 GF, \$30,286,702 NGF	30,286,702		8

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Fiscal Year	Program Addition	Brief Description	Initial GF Cost		Notes
			Federal Mandate	State Policy	
1991	Welfare Reform (Family Support Act of 1988)	Funding was provided to meet the provisions of the Family Support Act of 1988. Specifically, funding was provided to: (1) extend Medicaid coverage for 12 months to those families leaving the Aid to Dependent Children (ADC) Program due to increased earnings; and (2) provide Medicaid coverage to families who qualify for the Unemployed Parent component of the ADC Program. Other provisions of the Act change the eligibility criteria for the regular ADC Program, thus increasing the number of ADC recipients eligible for Medicaid. FY 1991: \$ 5,096,088 GF, \$ 5,086,833 NGF FY 1992: \$ 9,317,423 GF, \$ 9,308,169 NGF	9,317,423		8
1991	Deprivation Rules Due to Incapacity of Parent	Funds were provided to comply with federal regulations that required the Department of Social Services to modify its rules to include consideration of incapacitated parent's ability to work when eligibility is being determined. This change was expected to result in an additional 80 adults and 65 children becoming eligible for Medicaid services. FY 1991: \$ 53,900 GF, \$ 53,910 NGF FY 1992: \$ 58,500 GF, \$ 58,490 NGF	58,500		8
1991	Resource Mothers	This amendment transferred funds from the Department of Health to DMAS in order to draw down federal matching funds for the Resource Mothers Program. FY 1991: \$ 150,000 GF, \$ 150,000 NGF FY 1992: \$ 150,000 GF, \$ 150,000 NGF		150,000	8
1991	EPSDT Expansion	Under OBRA '89 provisions, Early Periodic Screening, Diagnostic and Treatment Services (EPSDT) program requires that all health services recognized by HCFA be provided to children who demonstrate medical necessity whether or not the service is covered under the state plan. FY 1991: \$ 953,402 GF, \$ 1,064,462 NGF FY 1992: \$ 1,854,816 GF, \$ 1,918,296 NGF	1,854,816		9
1991	Sullivan vs. Zebley (SSI Children)	In February 1990 the U.S. Supreme Court handed down a decision that invalidated federal regulations that established different criteria for child disability for purposes of the SSI Program. This decision now requires the same standards for children that are used for adults. FY 1991: \$ 156,587 GF, \$ 415,205 NGF FY 1992: \$ 156,588 GF, \$ 415,205 NGF	156,588		9
1991	OBRA '90 Requirements	OBRA '90 mandated a new reimbursement system for pharmacy, payment of insurance premiums when cost effective, coverage of children under 19 under 100% of poverty, eligibility outreach and earlier coverage of Qualified Medicare Beneficiaries under 100% of poverty. FY 1991: \$ 5,163,909 GF, \$11,190,807 NGF FY 1992: \$ 5,265,128 GF, \$11,528,137 NGF	5,265,128		9
1992	Managed Care	In December 1991, HCFA approved MEDALLION waiver for four pilot sites effective January, 1992. The four sites are Martinsville/Henry County, Petersburg, Hampton, and Richmond (eastern half).		0	9

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Fiscal Year	Program Addition	Brief Description	Initial GF Cost		Notes
			Federal Mandate	State Policy	
1993	Child Health Care	This appropriation provides funding to fulfill the recommendations of the Governor's Child Health Initiative by phasing-in Medicaid coverage through the biennium for children whose parents earn less than 100% of the Medicaid poverty level. In FY 1993 coverage is extended to children at 100% of poverty, under age 13 who are not already covered. In FY 1994 Medicaid benefits will be extended to children under age 19 who are not already covered. FY 1993: \$ 2,748,000 GF, \$ 2,748,000 NGF FY 1994: \$ 4,985,000 GF, \$ 4,985,000 NGF		4,985,000	10
1993	Long-term Care Projects from Secretary of HHR	This technical addenda transferred funding to DMAS to cover case management for dependent, elderly Virginians in three pilot projects identified and sponsored by the Long-Term Care Council. NGF for this initiative came from unmatched NGF already in the DMAS budget. FY 1993: \$ 500,000 GF, \$ 0 NGF FY 1994: \$ 500,000 GF, \$ 0 NGF		500,000	10
1993	Pre-authorization of Outpatient Therapies	This legislative amendment provides funding to remove the restriction which would limit Medicaid coverage to 24 visits per year for physical, occupation, speech and language therapies. It requires visits above 24 per year to be pre-authorized by DMAS. FY 1993: \$ 130,422 GF, \$ 130,422 NGF FY 1994: \$ 181,081 GF, \$ 180,443 NGF		181,081	10
1994	Mammograms	This addenda provides funding for periodic screening mammograms to Medicaid eligible women. At the current time Virginia provides mammograms only for a diagnosis of symptoms when a practitioner has detected a lump or other abnormality of the breast. Coverage of screenings is proposed in accordance with guidelines established by the American Cancer Society. FY 1994: \$ 217,135 GF, \$ 218,655 NGF		217,135	10
1994	Community Mental Retardation Services	This amendment, originated by DMHMRSAS, provides funds to meet (1) the treatment needs of 233 nursing home residents with mental retardation or related conditions, and (2) the addition, over a three-year period, of 70 individuals to programs under the Medicaid home and community-based waiver. The general fund match was appropriated to the Department of Mental Health, Mental Retardation and Substance Abuse Services. FY 1994: \$ 0 GF, \$ 2,398,528 NGF		2,398,528	11
1994	Hospice Eligibility	New language in the Appropriations Act allows DMAS to seek approval from HCFA to modify and expedite requirements for hospice eligibility. The change has no fiscal impact. Under the proposal, the eligibility determination for individuals who elect hospice service would be waived. Instead of using disability to determine eligibility, the Commonwealth would use hospice election to expedite eligibility determination.			11
1994	In-home Blood Glucose Meters and Diabetic Supplies for Pregnant Women	New language in the Appropriations Act allows DMAS to seek approval from HCFA for Medicaid coverage of in-home blood glucose meters and diabetic supplies for pregnant women. These services had previously been provided only on an inpatient basis. The change has no fiscal impact.			11

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**PROGRAM ADDITIONS OTHER THAN PROVIDER REIMBURSEMENT RATE CHANGES:
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Fiscal Year	Program Addition	Brief Description	Initial GF Cost		Notes
			Federal Mandate	State Policy	
1994	Pre-authorization of Home Health Visits in Excess Of 32	This amendment authorized Medicaid reimbursement for home health nursing visits in excess of the current limit of 32 per year, if the excess visits are pre-authorized as medically necessary. FY 1994: \$ 464,000 GF, \$ 464,000 NGF		464,000	11
1994	Case Management of Adult Care Residents	This amendment provided partial-year funding to support case management of publicly-supported adult care residents. It is consistent with House Bill 2280 and Senate Bill 104 which implement a tiered system of licensure for Homes for Adults. FY 1994: \$ 356,650 GF, \$ 356,650 NGF		356,650	11
1995	Organ Transplants for Children	This amendment provided funds to expand organ transplant coverage for medically needy Medicaid recipients under the age of 21, as required by the ruling of the Fourth Circuit Court of Appeals in Pereira v. Kozlowski. FY 1995: \$3,709,390 GF, \$3,709,390 NGF FY 1996: \$3,862,925 GF, \$3,862,925 NGF	3,862,925		12
1995	Reimbursement of Nursing Homes for New OSHA Rules	This amendment provided funds to reimburse nursing facilities for costs to implement federal Occupational Safety and Health Administration (OSHA) rules to reduce employee exposure to communicable viruses and other blood-borne diseases. FY 1995: \$543,750 GF, \$543,750 NGF FY 1996: \$577,685 GF, \$577,685 NGF	577,685		12
1995	Licensed Adult Care Residents	This amendment provided funds to implement assisted living support and case management services to auxiliary grant recipients in licensed adult care residences, contingent upon adoption of regulations by the Board of Social Services for levels of care in Adult Care Residences. A two-tier Homes for Adults reimbursement process was adopted by the 1993 General Assembly, with different rates being set for the basic level of care (regular) and the higher level of care (intensive), which consists of basic care and assisted living. Regular assisted living payments are part of a new non-Medicaid subprogram while intensive living payments are part of the Medicaid program. Regular Assisted Living Payments for Residents of Adult Homes (Non-Medicaid): FY 1995: \$522,900 GF FY 1996: \$1,317,060 GF Intensive Assisted Living Payments for Residents of Adult Homes (Medicaid): FY 1995: \$1,581,830 GF, \$1,581,830 NGF FY 1996: \$3,094,630 GF, \$3,094,630 NGF		3,094,630	12
1995	Resource Mothers Program	This amendment provided funds to expand eight of the existing Resource Mothers programs, administered by the Department of Health, and to create new programs in 12 health districts which do not currently have a program. FY 1995: \$241,500 GF, \$241,500 NGF FY 1996: \$258,500 GF, \$258,500 NGF		258,500	13

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**PROGRAM ADDITIONS OTHER THAN PROVIDER REIMBURSEMENT RATE CHANGES:
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Fiscal Year	Program Addition	Brief Description	Initial GF Cost		Notes
			Federal Mandate	State Policy	
1995	Teen Pregnancy Prevention	This amendment provided funds for DMAS to match with federal funding, consistent with federal law, for teenage pregnancy prevention programs in the following health districts: Roanoke City, Crater, Portsmouth, Eastern Shore, Richmond, Norfolk and Alexandria. FY 1995: \$300,000 GF, \$300,000 NGF FY 1996: \$400,000 GF, \$400,000 NGF		400,000	13
1996	Passage of HB 1921 - HIV Testing Prenatal	This legislative amendment provided the funding required by passage of HB 1921 in the 1995 Session of the General Assembly. HB 1921 requires physicians to provide HIV counseling as a routine component of prenatal care. Costs are for increased usage of prenatal HIV treatment. FY 1995: \$0 GF, \$0 NGF FY 1996: \$450,000 GF, \$535,000 NGF		450,000	14
1997	Managed Care Marketing	The General Assembly directed that managed care plans be marketed to recipients, and recipients be enrolled in such plans, exclusively through an independent marketing broker paid by DMAS. The broker, to be known as the Medicaid Managed Care Health Benefits Manager, would be responsible for (i) outreach and education to assure that recipients understand the choices among managed care plans that are available to them; (ii) enrollment of recipients in the managed care plan of their choice; (iii) education to assure that recipients understand their rights and responsibilities under the terms of their chosen managed care plan and under the Medicaid program; and (iv) operation and documentation of a toll-free recipient service hotline to receive and resolve recipient complaints. There is no additional cost.			15
1997	State Plan Option Services	This amendment provides authorization for DMAS to seek federal approval to expand services offered under the current state plan option waiver for mental health, mental retardation and substance abuse services. FY 1997: \$2,400,000 GF, \$2,541,300 NGF FY 1998: \$4,800,000 GF, \$5,086,700 NGF		4,800,000	15
1997	School Health Clinics	This legislative amendment provides funding for the local match for school community health clinic pilot programs, pursuant to the passage of House Bill 1440. Previously, local school divisions were paying the match to receive federal funding under the Medicaid program. FY 1997: \$40,000 GF, \$0 NGF FY 1998: \$45,000 GF, \$0 NGF		45,000	15
1998	Chemotherapy and Bone Marrow Transplants	This amendment provides funds for coverage for high-dose chemotherapy and bone marrow transplants for individuals over the age of twenty-one who have been diagnosed with lymphoma or breast cancer. FY 1998: \$536,000 GF, \$569,000 NGF		536,000	16

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Fiscal Year	Program Addition	Brief Description	Initial GF Cost		Notes
			Federal Mandate	State Policy	
1999	Establishment of Virginia Children's Medical Security Insurance Plan	Legislative Amendments established the Virginia Children's Medical Security Insurance Plan as an expansion of Medicaid to cover children, ages 0 through 18, in families with incomes up to 150 percent of the federal poverty level and establishes a Title XXI plan for children between 150 and 185 percent of the FPL. Medicaid income methodologies and benefits will be used for both components. However, DMAS is required to implement the methodologies in a manner which streamlines the eligibility determination process. Families with children enrolled in the separate, non-Medicaid program shall be required to pay premiums and co-payments on a sliding fee scale. FY 1999: \$2,519,371 GF, \$2,260,541 SF, \$11,810,786 NGF FY 2000: \$8,239,404, GF, \$6,053,092 SF, \$27,845,073 NGF		14,292,496	17
1999	Expansion of Enrollment of Children Eligible for Medicaid	This amendment provides funds to provide health care coverage for children eligible for Medicaid who are not enrolled in the Virginia Medicaid Program. Virginia's participation in the federal State Children's Health Insurance Program (see above) requires the state to expand outreach efforts to bring eligible children into the Medicaid Program. The effort is expected to enroll 33,000 additional low-income children in Medicaid by the end of FY 2000. FY 1999: \$0 GF, \$4,701,738 SF, \$5,350,965 NGF FY 2000: \$10,433,029 GF, \$1,517,245 SF, \$13,126,471 NGF	11,950,274		17
1999	Medicare Premium Buy-In Program	This amendment appropriates federal funds for a new mandate created by the Balanced Budget Act of 1997. While the medical assistance services portion of the program will be fully funded by the federal government, the program will be administered by the states at the normal match rate for Medicaid administration. The program is a capped entitlement, the cap being the amount of funds allocated to the state by HCFA. Section 4732 of the BBA creates two new eligibility groups who are eligible for assistance in meeting the cost of Medicare Part B premiums. Individuals who qualify for Medicare whose income is between 120% and 135% of the federal poverty level will be eligible to a benefit of 100% of their Medicare Part B premium. The population between 135% and 175% of the federal poverty level will be eligible to receive assistance with the portion of their Part B premium increase that is attributable to the impact of changes made in the BBA of 1997. FY 1999: \$0 GF, \$3,720,000 NGF FY 2000: \$0 GF, \$3,947,664 NGF	0		
1999/ 2000	Services Provided with State and Local Funds Under the Comprehensive Services Act	This amendment directs DMAS to provide certain services under EPSDT that are currently provided and paid through the Comprehensive Services Act. Coverage for treatment foster care would start January 1, 1999, and for residential care January 1, 2000. Funds were placed in the Comprehensive Services for At-Risk Youth and Families budget. The Office of Comprehensive Services will transfer them to DMAS as they are needed to pay Medicaid provider claims. FY 1999: \$3,407,254 GF, \$5,847,034 NGF FY 2000: \$13,094,376 GF, \$22,470,663 NGF Note: Start of Treatment Foster Care coverage was delayed until January 1, 2000, by a budget amendment passed by the 1999 General Assembly.		13,094,376	17

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1999	Expanded Coverage of School-Based Health Services	This amendment expands services with special education needs to include psychiatric and psychological services already provided by school divisions. FY 1999: \$0 GF, \$734,608 NGF FY 2000: \$0 GF, \$734,608 NGF		0	17
2000	Provision of Residential Care Services for Non-CSA Children	This amendment provides funding for additional non-CSA children projected to qualify for residential care when Medicaid coverage of this service begins January 1, 2000. The Joint Legislative Audit and Review Commission (JLARC) staff project that 159 children will be eligible for this service. FY 1999: \$0 GF, \$0 NGF FY 2000: \$417,375 GF, \$443,902 NGF		443,902	17
2000	Coverage for high-dose chemotherapy and bone marrow transplants for individuals over 21 who have leukemia	This amendment instructs DMAS to include high-dose chemotherapy and bone marrow transplants as a covered service under the State Plan for individuals over the age of 21 who have been diagnosed with leukemia. The individual must have a performance status sufficient to proceed with the high-dose chemotherapy and bone marrow transplant. Current law requires Medicaid to pay for this treatment for Medicaid recipients over the age of 21 who have lymphoma and breast cancer. FY 1999: \$0 GF, \$0 NGF FY 2000: \$241,000 GF, \$256,500 NGF		241,000	18
2000	Sharing of Personal Care Service Hours Required by Recipients who Reside in the Same Home	This amendment requires DMAS to amend the home and community-based waiver for elderly and disabled Medicaid recipients to permit the sharing of personal care hours when these individuals are in congregate living situations, as long as it is cost-effective for the Medicaid program. FY 1999: \$0 GF, \$0 NGF FY 2000: \$0 GF, \$0 NGF		0	18
2000	Increase in the Auxiliary Grant Rate	This amendment funds the impact on DMAS' budget from a companion amendment in the Department of Social Services' budget raising the auxiliary grant rate from \$747/month to \$775/month. The increase in the rate will qualify more individuals for Medicaid eligibility and intensive assisted living supplements in adult care residences. FY 1999: \$0 GF, \$0 NGF FY 2000: \$1,075,478 GF, \$1,148,882 NGF		1,075,478	18
2000	Expansion of Family Planning Services	This amendment expands coverage of family planning services for women receiving Medicaid pre-natal care and delivery services, from two to 24 months after birth of a child. Funding assume federal approval of a Section 1115 waiver to provide the services and continuation of the current federal financial participation rate of 90 percent. FY 1999: \$0 GF, \$0 NGF FY 2000: \$57,000 GF, \$511,500 NGF		57,000	18

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2000	Clarification of coverage of Weight Loss Medications	This amendment requires the State Plan to be amended to clarify the coverage and availability of FDA-approved drug therapies and agents for weight loss, including anorexiants drugs, for Medicaid recipients who meet the strict disability standards for obesity established by the Social Security Administration, and whose condition has been certified as life-threatening, consistent with DMAS' medical necessity requirements and preauthorization guidelines. FY 1999: \$0 GF, \$0 NGF FY 2000: \$0 GF, \$0 NGF		0	18
2000	Set Aside for Burial Expenses	This amendment provides additional funding to allow individuals applying for Medicaid to increase the amount they set aside for burial expenses from \$2,500 to \$3,500, thereby reducing their contribution to the cost of their health care. FY 1999: \$0 GF, \$0 NGF FY 2000: \$300,000 GF, \$320,476 NGF		300,000	18
2001	Waiver for Individuals with Developmental Disabilities	This proposal authorizes DMAS to develop a waiver for people with developmental disabilities (DD) which includes individuals with autism. The funding was intended to cover at least 300 slots. FY 2001: \$3,811,498 GF, \$ 4,097,815 NGF FY 2002: \$5,230,112 GF, \$5,632,011 NGF		3,811,498	19
2001	Coverage of Medical Nutrition Therapy	This proposal authorizes DMAS to begin coverage of medical nutrition therapy services when medically necessary under Medicaid. It was estimated that this preventive service would be budget neutral. FY 2001: \$0 GF, \$0 NGF FY 2002: \$0 GF, \$0 NGF		0	19
2001	Increase in the Auxiliary Grant Rate	This amendment funds the impact on DMAS' budget from a companion amendment in the Department of Social Services' budget raising the auxiliary grant rate from \$785/month to \$815/month. The increase in the rate will qualify more individuals for Medicaid eligibility and intensive assisted living supplements in adult care residences. FY 2001: \$823,432 GF, \$896,837 NGF FY 2002: \$1260,261 GF, \$1,345,255 NGF		823,432	20
2001	Coverage of Bone Marrow transplants for individuals diagnosed with myeloma	This amendment includes funding to expand coverage of bone marrow transplants to individuals age 21 and over to include individuals with the diagnosis of myeloma. This proposal is pursuant to House Bill 1405 enacted during the 2000 General Assembly session. DMAS previously covered bone marrow transplants for individuals over the age 21 diagnosed with lymphoma, breast cancer or leukemia. Transplants for children under 21 are covered under the EPSDT program. FY 2001: \$792,726 GF, \$852,275 NGF FY 2002: \$659,655 GF, \$710,345 NGF		792,726	20

Continued

**PROGRAM ADDITIONS OTHER THAN PROVIDER REIMBURSEMENT RATE CHANGES:
1985 - PRESENT (Continued)**

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Fiscal Year	Program Addition	Brief Description	Initial GF Cost		Notes
			Federal Mandate	State Policy	
2002	Coverage for Colorectal Cancer Screenings	This amendment provides funds to support Medicaid coverage of screenings for colorectal cancer, pursuant to enactment of Senate Bill 26 in the 2000 General Assembly session. Previous coverage of this screening was limited to individuals showing symptomatic signs of colon cancer. Under this bill the screenings would be covered in accordance with the guidelines from the American College of Gastroenterology FY 2001: \$421,549 GF, \$453,216 NGF FY 2002: \$421,199 GF, \$453,566 NGF		421,549	20
2002	Expand Full Medicaid Eligibility for Aged and Disabled Individuals to 80 percent of the Federal Poverty Limit (FPL)	This amendment provides funding to provide full Medicaid coverage to Aged and Disabled individuals up to 80% of the Federal Poverty Limit. Previously, the monthly income limit is tied to the SSI limit which is roughly 74% of FPL. FY 2001: \$0 GF, \$0 NGF FY 2002: \$5,200,000 GF, \$5,600,000 NGF		5,200,000	20
2002	Increase Medically Needy Income Limits by CPI	This amendment authorizes DMAS to begin annually adjusting the Medicaid medically needy income limits to account for changes in the Consumer Price Index. This annual change is scheduled to begin in July 1, 2001 (FY 2002). FY 2001: \$0 GF, \$0 NGF FY 2002: \$500,000 GF, \$510,902 NGF		500,000	20
2002	Medicaid Coverage for Certain Women Diagnosed with Breast or Cervical Cancer	This legislation mandated Medicaid coverage for women who have been diagnosed with breast or cervical cancer under the Center for Disease Control and Prevention (CDC) Breast and Cervical Cancer Early Detection Program. This program is for uninsured women under 200% of FPL. FY 2002: \$752,290 GF, \$1,460,179 NGF		752,290	21
2003	Increase the Number of Slots on the Medicaid Mental Retardation Waiver	This amendment increased Medicaid funding to account for an increase in the number of slots in the Medicaid Mental Retardation waiver which occurred in the middle of FY 2002. The waiver was increased by 150 slots to increase the total number to 5,536.. FY 2003: \$2,900,000 GF, \$2,989,521 NGF FY 2004: \$2,900,000 GF, \$2,962,139 NGF		2,900,000	22
2003	Federal Revenue Maximization Efforts	The 2002 Appropriation Act (Chapter 899) included language authorizing DMAS to work with other state and local government entities to identify services that are currently provided with all state and/or local funds that could be covered under the Medicaid program. The budget assumed \$43 million in General Fund savings to the state in each year as a result of these initiatives. While it is expected to save the state money, this initiative will result in increased expenditures for the Medicaid program. FY 2003: TBD GF, TBD NGF FY 2004: TBD GF, TBD NGF		TBD Continued	22

**PROGRAM ADDITIONS OTHER THAN PROVIDER REIMBURSEMENT RATE CHANGES:
1985 - PRESENT (Continued)**

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Fiscal Year	Program Addition	Brief Description	Initial GF Cost		Notes
			Federal Mandate	State Policy	
2003	Medicaid Coverage for Children Age 6 through 19 Up to 133% of the Federal Poverty Level.	The 2002 Appropriation Act included language which mandated Medicaid coverage for children age 6 through 19 who are between 100% and 133% of Federal Poverty Level. This population was previously covered under the FAMIS program and while this population will be covered under Medicaid they will be covered at the enhanced federal Title XXI match rate (approximately 66% federal funding). FY 2003: \$4,300,000 GF, \$8,600,000 NGF FY 2004: \$8,300,000 GF, \$16,600,000 NGF		4,300,000	23
2004	Increase the Number of Slots on the Medicaid Mental Retardation Waiver	This amendment increased Medicaid funding to increase the number of slots in the Medicaid Mental Retardation waiver by 175 for the beginning of FY 2004. This increases the number of waiver slots to 5,711.. FY 2003: \$0 GF, \$0 NGF FY 2004: \$3,500,000 GF, \$3,518,239 NGF		3,500,000	24
2004	Increase in the Auxiliary Grant Rate	This amendment funds the impact on DMAS' budget from a companion amendment in the Department of Social Services' budget raising the auxiliary grant rate an extra \$13 per month from \$841 per month to \$854 per month. The increase in the rate will qualify more individuals for Medicaid eligibility in adult care residences. FY 2003: \$0 GF, \$0 NGF FY 2004: \$387,595 GF, \$389,616 NGF		387,595	24
Totals			107,093,768	157,868,778	

Sources and Notes (Continued):

- (1) The Executive Budget, 1984-86 Supplement
- (2) The Executive Budget, 1986-88; biennium appropriation divided by 2 to arrive at amount by fiscal year.
- (3) The Executive Budget, 1986-88, 1987 Revisions
- (4) The Executive Budget, 1988-90
- (5) Appropriation Act (Chapter 800), 1988-90 Biennium
- (6) Conference Committee Summary spreadsheet for 1988-1990 Biennium filed in Milton Cloud's notebook entitled "Previously Approved Budgets"
- (7) Executive Budget (1989 Amendments to the 1988-90 Budget) and Appropriations Act (Chapter 668)
- (8) DMAS Budget Division, Report to BMAS on 1990-92 Appropriation for DMAS, First Session
- (9) DMAS Budget Division, Report to BMAS on 1990-92 Appropriation for DMAS, Second Session
- (10) DMAS Budget Division, Report to BMAS on 1992-94 Appropriation for DMAS, First Session
- (11) Governor's Executive Budget and Appropriation Act, Second Session, 1992-94 Biennium.
- (12) The Executive Budget, 1994-96, 1994 General Assembly
- (13) Summary of the Joint Conference Financial Committee Report, Bills 30 and 31, DMAS Budget Division, March 11, 1994
- (14) End-of-Session Report to the Board of Medical Assistance Services
- (15) End-of-Session Report to the Board of Medical Assistance Services and Chapter 912
- (16) End-of-Session Report on the 1997 General Assembly to the Board of Medical Assistance Services
- (17) End-of-Session Report on the 1998 General Assembly to the Board of Medical Assistance Services
- (18) Joint Conference Committee Report on House Bill 1450, 1999 General Assembly Session
- (19) The Executive Budget, 2000-02, 2000 General Assembly
- (20) Joint Conference Committee Report on House Bill 30, 2000 General Assembly Session
- (21) Senate Bill 1377 during the 2001 General Assembly Session.
- (22) The Executive Budget, 2002-04, 2002 General Assembly
- (23) Joint Conference Committee Report on House Bill 30, 2002 General Assembly Session
- (24) Joint Conference Committee Report on House Bill 1400, 2003 General Assembly Session

File: programs.xls
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